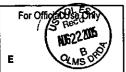
U S Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E SMS 9		
1 File Number U 0525	2 Fiscal Year Covered From	
	[]/ []/ [2004] Through [2]/3]/2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Michale L Prater	Name Ohio Education Association	
and the second s	Labor Organization File Number 512~490	
P O Box Bldg Room No If any 225	P O Box Building and Room Number if any 225	
Street E. Broad St	Street Booad St	
City Columbus	City Columbus	
State Ohio ZIP Code + 4 432	State Ohio ZIP Code + 4 43216	
5 Position in labor organization Media Relations Consultant		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
P O Box Bidg Room No If any	7 b Amount	
Street	7 6 Allount	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)		
1 11/31 11/21	on 8/12/05 6/4 227-2071	

Date

Telephone Number

Name of Person Filing Michele Prater	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name if any P O Box Bidg Room No if any Street City State ZiP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount	
	120 Allount L	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Holidzy Inc. On the Care. Trade Name if any PO Box Bldg Room No if any 328 Street Lane Ava City Columbus 121P Code + 4 43201	14 a Nature of payment Munfuld Golf tickets (2) @5000 OSU football tickets (2)@55000	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment \$21000	